Under the Paperwork Re	duction Act of 1995, no per	sons are required to respond	to a collection of infor	Approved for use the demark Office; U.S mation unless it dis	rough 7/31/2006. . DEPARTMENT (plays a vaild OMB	OF COMMERCE control number
PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875					9/25	Tal
C	SMALL EN	NTITY OR	OTHER THAN SMALL ENTITY			
FOR	NUMBER FILED	NUMBER EXTRA	RATE	FEE	RATE	ree
(3) CSF 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	····-					
(37 CFR 1.16(c)) INDEPENDENT CLAIMS	fainus 20 ≈		X \$=	OR	X \$=	<u>i</u>
(37 CFR 1.16(b))	minus 3 =	·	X \$=	OR	x s =	
MULTIPLE DEPENDENT CL	+ \$=	OR	+ 5=			
* If the difference in column	TOTAL	OR	TOTAL			
CLAIM	IS AS AMENDED P	ART II				
	21.1.110	(Column 2) (Column 3)	SMALL EN	TITY OR		R THAN ENTITY
RE RE	MAINING PR	HIGHEST NUMBER PRESENT EVIOUSLY EXTRA	RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL
Z AM Total C (37 CFR 1.16(e)) C Z Independent (37 CFR 1.16(b)) Y C Y C C C C Y C C C C Y C C C C Y C C C C Y C C C C Y C C C C Y C C C C Y C C C C Y C C C C Y C C C C Y C C C C Y C C Y C C C Y C Y C C Y C C Y C	Minus "	29 -	x s =	OR	x \$ =	FEE
Z Independent (37 CFR 1.16(b))	Minus ***	7 - 1	x \$ =	OR	x \$ =	
FIRST PRESENTATION	OF MULTIPLE DEPENDENT O	LAIM (37 CFR 1.16(d))	+\$ =	OR.		
9-20 M (co			TOTAL ADO'L FEE	t or	TOTAL ADD'L FEE	
	4 4 4 4 6	Column 2) (Column 3)				
Z AME	MAINING A NETER PRI NDMENT P	IUMBER PRESENT EVIOUSLY EXTRA AID FOR	RATE	ADDI- TIONAL - FEE	RATE	ADDI- TIONAL FEE
∑ Total ○ (37 CFR 1.16(c)) Z Independent	Minus "	79 -	X \$=	OR	x s=	
(37 CFR 1.16(b))	Minus	7	- X \$=	OR	x \$	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) +5 =				OR	+ \$ =	
			TOTAL ADD'L FEE	OR	TOTAL ADD'L FEE	/
(Co	lumn 1) (C	Column 2) (Column 3)	, 'L			<u> </u>
UI I REN	LAIMS HI MAINING N FTER PRE	GHEST UMBER PRESENT VIOUSLY EXTRA		ADDI- IONAL	RATE	ADDI- TIONAL
Total Total (37 CFR 1.16(b)) Z Independent (37 CFR 1.16(b)) Z EIRST ROSSEAULATION	Minus **	=	X \$ =	FEE	x s =	FEE
Z Independent (37 CFR 1.16(b))	Minus ***	=	X\$ =	OR		····
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				OR	X \$=	
	- 1 5,5-	17.47	TOTAL	OR	+ \$ =	
"" If the "Highest Number	r Previously Paid For" IN TH Previously Paid For" IN TH	umn 2, write "0" in column 3. IIS SPACE is less than 20, er IS SPACE is less than 3, enter or Independent) is the highest	*0#	OR	ADD'L FEE ""	

USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.